

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

DATAMASTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 9:32 am, Aug 06, 2013
REPORT#6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.							
	AMASTER SN NAME OF AGENC			DATE OF INSPECTION			
201	302 St. Joseph Po	olice Department		08/01/2013			
LOCATION OF INSTRUMENT (STREET AND CITY)				TIME OF INSPECTION			
501 Faraon St. Joseph, MO 64501				816-271-5359			
CHECKLIST: Place a mark in the box by each Item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.							
Ø	DIAGNOSTIC CHECK (PRINTOUT	DATE AND TIME (from printout) 08/01/2013 2024					
	COMPUTER		DETECTOR				
	PROGRAM		FILTERS				
	HEATERS SAMPLE CHAMBER	49 oc	QUARTZSTAN	NDARD			
	FLOW DETECTOR		CALIBRATION				
	PUMP HIGH SPEED		PRINTER				
Ø	INDICATOR LIGHTS						
×	SIMULATOR SOLUTION SUPPLIES	Repco Marketing	LOT#1	2001 E	XRDATE <u>04/02/2014</u>		
Ø	SIMULATOR TEMP (34'C ± 0,2'C)	34.0 oc Sit	MULATOR SN Sd22	278 E	XP. DATE 12-17-2013		
Ø	CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)						
	Run three tests using a standard solless. Mark the box corresponding to t	ution. All three tests must the standard solution being t	be within ±5% of the used. (PRINTOUT A	standard value and FTACHED)	must have a spread of .005 or		
	0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE						
TE	ST 1096	TEST 2 - ,096		TEST 3 .097			
PERFORM R.F.I. TEST (PRINTOUT ATTACHED)							
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING GRANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)							
RE	FUSALS 0 (004) 0	(.0509) ₀	(.1014) ₂	(.1509) 1	(OVER .19) ₀		
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).							
INSPECTING OFFICER							
SIGN	NURS /	// / / /	PRINT FULL NA				
.6	1/2	_//		Brad Kerns			
TYPE II PERMIT NUMBER/EXPIRATION DATE				TELEPHONE NUMBER			
	179 08/03/2014 220427 12/27/201		816-271-53				
RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office 2875 James Blvd. Poplar Bluff, MO 63901							

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc. LOT NUMBER: 12002 EXPIRATION DATE: August 29, 2014 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 12002 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain ______ gms/dl +/-.003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interferring substance.

This solution will produce a vapor alcohol value of _.100 +/-3% gms/210L Breath when heated to 34 Degrees Celsius +/-0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is <u>August 30, 2012</u>

The expiration date for this lot number is <u>August 29, 2014</u> at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.

Cecil B. Garner, President RepCo Marketing, Inc.

Form RM 02

FACE THIS SIDE DOWN - THIS EDGE IN FIRS

BAC DataMaster

Evidence Ticket

STATE OF MISSOURI. ST. JOSEPH POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201302 03/01/13

TESTING OFFICER: GARY/SCOTT OFFICER I.D.: 1013 PERMIT NUMBER: 220179 EXPIRATION DATE: 08/03/14 MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	20:19
INTERNAL STANDARD	VERIFIED	20:19
EXTERNAL STANDARD	. 096	20:19
BLANK TEST	.000	20:20
EXTERNAL STANDARD	.096	20:20
BLANK TEST	000	20:21
EXTERNAL STANDARD	.097	20:21
BLANK TEST	.000	20:22

N = 3 SIM. = .1 AVG. = .0963

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster

Evidence Ticket

STATE OF MISSOURI ST. JOSEPH POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201302 03/01/13

ARREST TIME: 19:00 SUBJECT NAME: K DOB: 09/09/09 SEX: M STATE/D.L.: MO/00 ARRESTING OFFICER: Н OFFICER I.D.: 0 TESTING OFFICER: GARY OFFICER I.D.: 1013 PERMIT NUMBER: 220179 EXPIRATION DATE: 08/03/14 MISCELLAMEOUS DATA: RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST INTERNAL STANDARD

.000 **VERIFIED**

20:11 20:12

RADIO INTERFERENCE

OPERATOR SIGNATURE

Card Stock No. 60021

REORDER ALL SUPPLIES FROM N.P.A.S. P.O. BOX 1435, MANSFIELD, OH 44901

OPERATOR SIGNATURE

Card Stock No.

REORDER ALL SUPPLIES FROM N.P.A.S. P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster

Evidence Ticket

STATE OF MISSOURI ST. JOSEPH POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201302 . 08/01/13 20:24

--- DIAGNOSTIC CHECK ---

COMPUTER:

OKAY

PROGRAM (04-07-2009):

OKAY

HEATERS

SAMPLE CHAMBER:

49c

FLOW DETECTOR:

OKAY

PUMP

HIGH SPEED:

OKAY

DETECTOR:

OKAY

FILTERS:

OKAY

QUARTZ STANDARD:

OKAY

CALIBRATION:

OKAY

PRINTER TEST

!"#\$%&'()*+,-_/0123456789:;<=>?@ABCDEFG HIJKLMNOP@RSTUVWXYZ[\]^_'abcdefghijklmno pgrstuvwxyz(1)+~

OPERATOR SIGNATURE

Card Stock No.

REORDER ALL SUPPLIES FROM N.P.A.S. P.O. BOX 1435, MANSFIELD, OH 44901

State of Missouri DEPARTMENT OF HEALTH



PERMIT TYPE II



BRAD M KERNS

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER; ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date12/27/2012	Wans		
	Director of State Public Health Laboratory		
Number 220427	Dal Voolendy Acting DIRECTO		
Expires 12/27/2014	ACTING DIRE		
LADIUS	Director, Department of Health		
MO 580-0771 (7-88)	Lab. 4 (R7-88)		